08/10/2006 17:54

Image# 26940289190

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines HCA INC. GOOD GOVERNMENT FUND PO BOX 550 ADDRESS (number and street) ONE PARK PLAZA Check if different than previously **NASHVILLE** TN 37203 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00067231 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 07 0 1 2006 07 3 1 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. David Anderson Type or Print Name of Treasurer Electronically Filed by David Anderson 08 10 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

### Image# 26940289191

### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name HCA INC. GOOD GOVERNMENT FUND <sup>®</sup> D " D 0.7 0.7 0 1 2006 3 1 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 77804.28 <sup>°</sup>2006 January 1 (b) Cash on Hand at 206700.09 Begining of Reporting Period ..... 17564.46 209413.74 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 224264.55 287218.02 6(a) and 6(c) for Column B) ..... 21384.88 84338.35 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 202879.67 202879.67 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission

999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

HCA INC. GOOD GOVERNMENT FUND

0 1 м м 0 7 м м 0 7 3<sup>D</sup>1 2006 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 10300.00 129715.00 (i) Itemized (use Schedule A) ...... 6705.00 77330.25 (ii) Unitemized ..... (iii) TOTAL (add 17005.00 207045.25 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 17005.00 207045.25 Totals to Line 33, page 5) ...... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 500.00 Political Committees ..... 17. Other Federal Receipts 559.46 1868.49 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 17564.46 209413.74 12, 13, 14, 15, 16, 17, and 18(c)) .....

17564.46

209413.74

from Line 31).....

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 3324.88 6083.66 Expenditures..... (c) Total Operating Expenditures 3324.88 6083.66 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 15000.00 64219.69 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 27. Loans Made..... 0.00 28. Refunds of Contributions To: Individuals/Persons Other 210.00 110.00 Than Political Committees ..... 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) ..... (d) Total Contribution Refunds 110.00 210.00 (add Lines 28(a), (b), and (c)) ......... 2950.00 13825.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share ..... 0.00 0.00 (ii) "Levin" Share ..... (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds ..... (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 21384.88 84338.35 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) 21384.88 84338.35

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	17005.00	207045.25
34.	Total Contribution Refunds (from Line 28(d))	110.00	210.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	16895.00	206835.25
86.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3324.88	6083.66
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	3324.88	6083.66

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 19 (check only one)    X   11a
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND	)		
A. 3.	Full Name (Last, First, Middle Initial) Ward Boston Mailing Address 745 18th Ave NE  City St Petersburg  FEC ID number of contributing federal political committee.  Name of Employer Northside Hospital  Receipt For: Primary General Other (specify)  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer Northside Hospital  Full Name (Last, First, Middle Initial) Audra Descalzi  Mailing Address 2811 W Morrison Avenual  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer Northside Hospital	State FL  Occupation CEO Aggregate  State FL  C	Zip Code 33629	Date of Receipt    M M
	Northside Hospital  Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Ο.	Full Name (Last, First, Middle Initial) Marsha Easley Mailing Address 11758 Wordsworth Cour		7'm Code	Date of Receipt  0 7 1 9 2 0 0 6
	City  Jacksonville	State FL	Zip Code 32223	Transaction ID: SA11A1.13638  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Orange Park Medical Center	Occupation COO	n	
	Receipt For:  Primary General  Other (specify) ▼	l	Year-to-Date ▼ 350.00	
S	UBTOTAL of Receipts This Page (optional)			2050.00
т	OTAL This Period (last page this line number on	lv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 19 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND	)		
<b>A</b> .	Full Name (Last, First, Middle Initial)  Susan Ebertowski  Mailing Address 7333 E 22nd Street N #4  City  Wichita  FEC ID number of contributing federal political committee.  Name of Employer Wesley Medical Center  Receipt For:  Primary General Other (specify)   Full Name (Last, First, Middle Initial)	State KS C Occupation	Zip Code 67226 n e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Rex Etheredge  Mailing Address 9202 Beauclerc Circle W  City  Jacksonville  FEC ID number of contributing federal political committee.  Name of Employer Orange Park Medical Center  Receipt For:  Primary General Other (specify)	State FL  C  Occupation Interim C		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>D.</b>	Full Name (Last, First, Middle Initial)  Mike Fencel  Mailing Address 8822 Stillwaters Landing  City  Riverview  FEC ID number of contributing federal political committee.  Name of Employer Brandon Regional Hospital  Receipt For:  Primary General Other (specify)	State FL C C CCCUpation CEO	Zip Code 33569 n e Year-to-Date ▼	Date of Receipt    M M M
s	UBTOTAL of Receipts This Page (optional)		·····	1750.00
т	OTAL This Period (last page this line number on	lv)	<b>.</b>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 19
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Ar	ny information copied from such Reports and State	ments may	$\gamma$ not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the nar	me and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	HCA INC. GOOD GOVERNMENT FUND			
_	Full Name (Last, First, Middle Initial)			Data d Bassist
Α.	Bradley Garcia Mailing Address 2819 Sweetholly Drive			Date of Receipt
	Zo19 Sweetholly Drive			07 19 2006
	City	State	Zip Code	Transaction ID: SA11A1.13579
	Jacksonville	FL	32223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Memorial Hospital Jackson-	Occupation SVP Mar		
	VIIIC		Year-to-Date ▼	
	Primary General	1 1	250.00	1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Eric Goldman			Date of Receipt
	Mailing Address 6231 Cherry Lake Drive N	lorth		07 19 2006
	City	State	Zip Code	Transaction ID: SA11A1.13586
	<u>Jacksonville</u>	FL	32258	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Momorial Hoopital Jackson	Occupation SVP/CO		
	Receipt For:		e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0		
С.	Full Name (Last, First, Middle Initial) Trent Lind			Date of Receipt
	Mailing Address 104 S Moody Avenue Unit	t 2		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.13671
	<u>Tampa</u>	FL	33609	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		300.00
	Prandon Podiońal Hospital	Occupation Asst Adm		
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General	, ,	500.00	]
_	Other (specify) ▼	0 0		
s	UBTOTAL of Receipts This Page (optional)			1250.00
۲	, 5- (,			
т	OTAL This Period (last page this line number only	/)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 19
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Δη	y information copied from such Reports and St	atements may	y not he sold or used by any ners	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$ \rangle$	HCA INC. GOOD GOVERNMENT FUN	1D		
	Full Names (Lost First Middle Initial)			
A.	Full Name (Last, First, Middle Initial) Diana Lippoldt			Date of Receipt
	Mailing Address 9961 SW 15th Street			M M / D D / Y Y Y Y
	-			07 19 2006
	City	State	Zip Code	Transaction ID: SA11A1.13669
	Towanda	KS	67144	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Wesley Medical Center	Occupation Director	1	
	Receipt For:		Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼		250.00	
	Full Names (Lost First Middle Initial)			
В.	Full Name (Last, First, Middle Initial) Mary McElroy			Date of Receipt
	Mailing Address 4074 Mizner Circle Sou	ıth		M M / D D / Y Y Y
				07 19 2006
	City  Jacksonville	State	Zip Code	Transaction ID: SA11A1.13598
		FL	32217	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
		10		_
	Name of Employer Memorial Hospital Jackson-	Occupation SVP/CNC		
	ville Receipt For:		Year-to-Date ▼	
	Primary General	00 0		7
	Other (specify)		500.00	
C.	Full Name (Last, First, Middle Initial) Mitchell Mongell			Date of Receipt
	Mailing Address 4833 River Basin Drive			M M / D D / Y Y Y Y
	-			07 19 2006
	City	State	Zip Code	Transaction ID: SA11A1.13599
	<u>Jacksonville</u>	FL	32204	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	1	7
	Memorial Hospital Jackson- ville	SVP/CO0		
	Receipt For:	Aggregate	Year-to-Date ▼	_
	Primary General Other (specify) ▼		500.00	1
	Carlot (openity)		0 0 0 0 0 0 0	_
s	UBTOTAL of Receipts This Page (optional)			1250.00
			<u> </u>	
T	OTAL This Period (last page this line number of	only)		

0	CHEDIII E A (EEC Form 2V)			FOR LINE NUMBER: PAGE 10 / 19						
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)						
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12						
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Ar	ny information copied from such Reports and St	atements may	not be sold or used by any pers	on for the purpose of soliciting contributions						
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full)									
$\angle$	HCA INC. GOOD GOVERNMENT FUN	ID								
A.	Full Name (Last, First, Middle Initial) David Nevill			Date of Receipt						
	Mailing Address 2506 N Tee Time Circle	9		07 19 2006						
	City	State	Zip Code	Transaction ID: SA11A1.13659						
	Wichita	KS	67205	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer Wesley Medical Center	Occupation CEO	n	7						
	Receipt For:	Aggregate	e Year-to-Date ▼							
	Primary General		250.00	7						
	Other (specify) ▼	0 0		1						
— В.	Full Name (Last, First, Middle Initial) Sam Serrill			Date of Receipt						
	Mailing Address 10145 E. 19th Court No	orth		M M / D D / Y Y Y Y						
				07 19 2006						
	City	State	Zip Code	Transaction ID: SA11A1.13660						
	Wichita	KS	67206	Amount of Each Receipt this Period						
	FEC ID number of contributing	С		500.00						
	federal political committee.									
	Name of Employer Wesley Medical Center	Occupation	n	7						
	·	coo								
	Receipt For:	Aggregate	e Year-to-Date ▼							
	Primary General Other (specify) ▼		500.00	11						
	Other (specify)	0 0		1						
<u> </u>	Full Name (Last, First, Middle Initial) Shalin Shah			Date of Receipt						
•	Mailing Address 4204 Deepwater Lane			M M / D D / Y Y Y Y						
	·			07 19 2006						
	City	State	Zip Code	Transaction ID: SA11A1.13658						
	Tampa	<u>FL</u>	33615	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		500.00						
	Name of Employer Northside Hospital	Occupation CFO	n							
	Receipt For:	Aggregate	e Year-to-Date ▼							
	Primary General		500.00	1						
	Other (specify) ▼		500.00	1						
_										
				1250.00						
Ls	UBTOTAL of Receipts This Page (optional)			- 120.00						
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TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3X	)	Han and the test of the test o	FOR LINE NUMBER: PAGE 11 / 19							
•	,	Use separate schedule(s) or each category of the	(check only one)							
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12							
			13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
HCA INC. GOOD GOVERNMENT F	UND									
Full Name (Last, First, Middle Initial) A. Richard Shannonhouse			Date of Receipt							
Mailing Address 7263 Placid Oaks Di	rive		07 19 2006							
City	State	Zip Code	Transaction ID: SA11A1.13612							
<u>Jacksonville</u>	FL	32277	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		250.00							
Name of Employer Memorial Hospital Jackson- ville	Occupation Chaplain									
Receipt For:	Aggregate	e Year-to-Date ▼								
Primary General	' '	250.00	1							
Other (specify) ▼	0 0	250.00	1							
Full Name (Last, First, Middle Initial)  3. Mike Terrell			Date of Receipt							
Mailing Address 101 South 12th Street	et #407		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
City	State	Zip Code	Transaction ID: SA11A1.13676							
<u>Tampa</u>	FL	33602	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	0 0 0 0	500.00							
Name of Employer Brandon Regional Hospital	Occupation CFO	n								
Receipt For:		e Year-to-Date ▼								
Primary General	33 3		1							
Other (specify)	0 0	500.00								
Full Name (Last, First, Middle Initial)  C. Shirley Thompson	· ·		Date of Receipt							
Mailing Address 1566 Sandy Springs	Drive		07 19 2006							
City	State	Zip Code	Transaction ID: SA11A1.13634							
Orange Park	FL	32003	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		500.00							
Name of Employer Orange Park Medical Center	Occupation CNO	n								
Receipt For:	Aggregate	e Year-to-Date ▼								
Primary General		500.00	1							
Other (specify) ▼		300.00								
SUBTOTAL of Receipts This Page (optional)			1250.00							

TOTAL This Period (last page this line number only) .....

Receipt For:

Primary

Other (specify)

General

### SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

PAGE 12/19 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND Full Name (Last, First, Middle Initial) Rodney VanPelt Date of Receipt Mailing Address 4547 San Lorenzo 07 19 2006 City State Zip Code Transaction ID: SA11A1.13615 <u>Jacksonville</u> FI 32224 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Memorial Hospital Jackson-Occupation **CFO** ville Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. James Wood Date of Receipt Mailing Address 13722 Marsh Harbor Drive North 07 19 2006 City Zip Code Transaction ID: SA11A1.13620 State **Jacksonville** FL 32225 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Memorial Hospital Jackson-Occupation President/CEO <u>ville</u>

SUBTOTAL of Receipts This Page (optional)	•	1500.00
TOTAL This Period (last page this line number only)	<u> </u>	10300.00

Aggregate Year-to-Date ▼

1000.00

### **SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS**

FOR LINE NUMBER: PAGE 13/19 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 **X** 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND Full Name (Last, First, Middle Initial) Suntrust Bank Date of Receipt Mailing Address P.O. Box 622227 07 03 2006 City State Zip Code Transaction ID: SA17.13704 Orlando FL 32862-2227 Amount of Each Receipt this Period FEC ID number of contributing C 559.46 federal political committee. interest Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 1868.49 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	559.46
TOTAL This Period (last page this line number only)	<b>•</b>	559.46

C		<b>\</b>		
	CHEDULE B (FEC Form 3X	' Use seperate schedule(s)		NUMBER: PAGE 14 / 19
IT	<b>EMIZED DISBURSEMENTS</b>		(check only	
		Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
	y Information copied from such Reports and			
or	for commercial purposes, other than using t	the name and address of any political o	committee to so	licit contributions from such committee
$\mathbb{N}$	NAME OF COMMITTEE (In Full)			
17	HCA INC. GOOD GOVERNMENT F	FUND		
$\mathbb{L}$			Г	
A.	Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.13693
Α.	HCA, Inc.			Date of Disbursement
	Mailing Address PO Box 550			$\begin{bmatrix} 0 & 7 & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$
	Mailing Address PO Box 550			
	City	State Zip Code		Amount of Each Disbursement this Period
	Nashville	TN 37202-0550		
	Purpose of Disbursement			3000.00
	reimburse administrative costs			
	Candidate Name		Category/	
			Туре	
	Office Sought: House	Disbursement For:		
	Senate	Primary General		
	President	Other (specify)		
	State: District:			
ь	Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.13705
В.	Suntrust Bank			Date of Disbursement
	Mailing Address P.O. Box 622227			$\begin{bmatrix} 0 & 7 & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$
	Mailing Address P.O. Box 622227			2, 200
	City	State Zip Code		Amount of Each Disbursement this Period
	Orlando	FL 32862-2227		201.00
	Purpose of Disbursement			324.88
	bank fees			
	Candidate Name		Category/	
			Туре	
	9 🗎	Disbursement For:		
	Senate	Primary General		
	President	Other (specify)		
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	3324.88
TOTAL This Period (last page this line number only)	<b>•</b>	3324.88

SCIEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)		₹ LINE ck onl	V one)	H:		PAGE	15 / 1	9
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b [ 27	22 28a	X 23		24 <u> </u>	25 29	26 30b
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NAME OF COMMITTEE (In Full)	and address or any political co	ommitte	e 10 S0	iicit cortti	ibulions	5 110111 50	CII COIII	Tilllee	
HCA INC. GOOD GOVERNMENT FUND									
Full Name (Last, First, Middle Initial)						ID: SB2		6	
BILIRAKIS, GUS MICHAEL				0 7		rsement		2 0 0 6	Υ
Mailing Address 4538 BARTELT ROAD				0 7		18	2	2006	
	State Zip Code FL 34690			Amou	nt of Ea	ch Disb	ursemer	nt this P	eriod
Purpose of Disbursement US House Candidate 9th Dist Fl		v .						1000.0	0
Candidate Name BILIRAKIS, GUS MICHAEL		Catego Type	ry/						
X	ment For: 2006								
Senate X President	Primary General Other (specify) ▼								
State: FL District: 09									
Full Name (Last, First, Middle Initial)  3. Capito for Congress						ID: SB2		)2	
						25		0 0 6	Υ
Mailing Address 1431 Longworth House C				0 7		2.3		2000	
,	State Zip Code DC 20515			Amou	nt of Ea	ch Disb	ursemer	nt this P	eriod
Purpose of Disbursement				L.				1000.0	0
Candidate Name Capito for Congress	L	Catego Type	ry/						
X	ment For: 2006	71							
Senate President	Primary X General Other (specify) ▼								
State: WV District: 2	(-p								
Full Name (Last, First, Middle Initial) Capito for Congress						ID: SB2 irsement		3	
Mailing Address 1431 Longworth House C	Office Bldg.			0 <sup>M</sup> 7	M /	<sup>D</sup> 2 5	Y	0 0 6	Y
,	State Zip Code DC 20515			Amou	nt of Ea	ch Disb	ursemer	nt this P	eriod
Purpose of Disbursement void ck #2137 rptd in 6/06 - prim. pass	1		$\neg$	L.			-	1000.0	0
Candidate Name Capito for Congress		Catego Type	ry/						
	ment For: 2006 Primary General Other (specify)								
State: WV District: 2									
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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b		e) 22 X 28a	23 28b	24 28c	$\Box$	25 29	26 30b	
Any Information copied from such Reports and Sta or for commercial purposes, other than using the n										
NAME OF COMMITTEE (In Full)	ine and address of any political d	ommittee to	SOIICIL	COMMINDU	tions in	JIII SUCII	COMMINIC	iee		
HCA INC. GOOD GOVERNMENT FUN	)									
Full Name (Last, First, Middle Initial)	DE00					SB23.1	3697			
CHARLES BOUSTANY JR. FOR CONC	RESS			Date of D			YY	Y Y	1	
Mailing Address Post Office Box 80126				0 <sup>M</sup> 7 M	2	5 /	2 0	ŏ́6Ť		
City Lafayette	State Zip Code LA 70598		1	Amount	of Each	Disburse	ement t	nis Pe	riod	
Purpose of Disbursement	LA 70390						15	00.00		
US House Dist 7 LA										
Candidate Name CHARLES BOUSTANY JR. FOR CONG	RESS	Category/ Type								
Office Sought: X House Disbu	rsement For: 2006 Primary X General									
President	Other (specify)									
State: LA District: 07										
Full Name (Last, First, Middle Initial)						SB23.1	3686			
· MARK PRYOR FOR US SENATE					Date of Disbursement  M 7 M / D 3 / Y 2 0 0 6					
Mailing Address PO BOX 2720										
City LITTLE ROCK	State Zip Code AR 72203		1	Amount	of Each	Disburse	ement t	nis Pe	riod	
Purpose of Disbursement	7111 72200		_				10	00.00	)	
Senate candidate AR Primary 2008										
Candidate Name MARK PRYOR FOR US SENATE		Category/ Type								
9	rsement For: 2008									
X Senate	X Primary General Other (specify) ▼									
State: AR District: 00	Other (specify)									
Full Name (Last, First, Middle Initial)  MARSHA BLACKBURN FOR CONGRE	SS INC					SB23.1	3700			
WATGIA BLACKBOTH TOTT GONGTE	55 INC.		_	Date of E			Y Y	Y Y	1	
Mailing Address PO Box 682185				0 7	2	5 /	2 0	ŏ́6Ť		
City Franklin	State Zip Code TN 37068		<i>A</i>	Amount	of Each	Disburse	ement t	nis Pe	riod	
Purpose of Disbursement							25	00.00	)	
Candidate Name MARSHA BLACKBURN FOR CONGRE	SS INC.	Category/ Type								
X	rsement For: 2006	<u> </u>								
Senate	X Primary General									
State: TN District: 07	Other (specify)									
SUBTOTAL of Disbursements This Page (option	un.						500	0.00		
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TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a	23 28b	24 28c	25 29	26 30b		
Any Information copied from such Reports and Statement or for commercial purposes, other than using the name									
NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND	and address of any political co	minitee to sc	MCIT CONTINUE	uons nom	Such com	Tillitee			
Full Name (Last, First, Middle Initial)  MARSHA BLACKBURN FOR CONGRESS  Mailing Address PO Box 682185	INC.			ion ID: Sloisbursem		)1 2 0 0 6	Y		
City	State Zip Code		Amount o	of Each Di	sburseme	nt this P	eriod		
Franklin Purpose of Disbursement	ΓN 37068					1500.0	0		
Candidate Name MARSHA BLACKBURN FOR CONGRESS	INC.	Category/ Type		0 0			•		
	nent For: 2006 Primary X General Other (specify)								
Full Name (Last, First, Middle Initial)  RANGEL FOR CONGRESS			Date of D	isbursem	_		V		
Mailing Address PO BOX 5577 MANHATTANVILLE STA			07	03	] / L . 2	ž 0 ŏ 6	Y		
•	State Zip Code NY 10027		Amount	of Each Di	sburseme				
Purpose of Disbursement US House 15/NY Dem Primary 2006						5000.0	0		
Candidate Name RANGEL FOR CONGRESS		Category/ Type							
Office Sought:    X   House   Disburser   X     Senate   President     State: NY   District: 15	nent For: 2006 Primary General Other (specify)								
Full Name (Last, First, Middle Initial) THOROUGHBRED PAC			Date of D	isbursem		-			
Mailing Address PO BOX 65116 C/O ARENT FOX PLLC			07	25	] / L Y	ž 0 ŏ 6	Y		
•	State Zip Code DC 20035		Amount o	of Each Di	sburseme	nt this P	eriod		
Purpose of Disbursement fundraiser for PAC			L			2500.0	0		
Candidate Name		Category/ Type							
	nent For: Primary General Other (specify)								
SUBTOTAL of Disbursements This Page (optional)		<u> </u>		_	Ş	9000.0	0		
TOTAL This Period (last page this line number only) .					15	5000.0	0		

TEMES DISCUSSION	Use seperate schedule(s)	(check onl		ly one)				10 / 19		
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28	F	23 28b	24 28c	X	25 29	2 3
Any Information copied from such Reports and State										3
or for commercial purposes, other than using the nar	ne and address of any political co	וווזוווו	iee io s	Olicit co	IIIIDU	ILIONS IT	om such	COMM	iiilee	
NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND										
Full Name (Last, First, Middle Initial)				Tra	nsac	tion ID:	SB29.1	13692	2	
Friends of Sherry Jones					e of [	Disburse		Y Y	Y	Y
Mailing Address 4947 Sherman Oaks Di	ive			0	7	1	1 /	2	0 Ď 6	
City Nashville	State Zip Code TN 37211			Am	ount	of Each	Disburs	ement	t this P	eriod
Purpose of Disbursement	11N 3/211			$+$ $\Gamma$					250.0	0
TN House Dem.								0		
Candidate Name Friends of Sherry Jones		Cateo Typ								
	sement For: 2006									
Senate President	C Primary General Other (specify) ▼									
State: TN District: 59	ourse (opeony) V									
Full Name (Last, First, Middle Initial)				Tra	nsac	tion ID:	SB29.1	13689	9	
Henry for Senate						Disburse				
Mailing Address 226 Capitol Blvd., Suite 200					$\begin{array}{c ccccccccccccccccccccccccccccccccccc$					
City Nashville	State Zip Code TN 37219			Am	ount	of Each	Disburs	ement	t this P	eriod
Purpose of Disbursement TN Senate Dem.				L	-				500.0	00
Candidate Name Henry for Senate		Cateo Typ								
	sement For: 2006  K Primary General  Other (specify)									
State: TN District: 21										
Full Name (Last, First, Middle Initial)  Kentucky Democratic House Caucus						<b>tion ID:</b> Disburse	SB29.1 ement	1369	5	
Mailing Address PO Box 6266	ailing Address PO Box 6266						<sup>D</sup> /	Ý Ž	0 Ď 6	Y
City Louisville	State Zip Code KY 40206			Am	ount	of Each	Disburs			-
Purpose of Disbursement fundraiser for General Campaign								1	000.0	00
Candidate Name		Cateo Typ								
Office Sought: House Senate President State: District:	sement For:  Primary General  Other (specify) ▼									
								4.	750.0	n .
SUBTOTAL of Disbursements This Page (optional	)			<u>_</u>	_				, 50.0	U
TOTAL This Period (last page this line number only	/)		•		, –					

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50	CHEDULE B (FEC Form 3X)	Use seper	Use seperate schedule(s)			PAGE 19 / 19			
ITEMIZED DISBURSEMENTS		for each ca	ategory of the	(check only	-	1.05 🖂 0.0			
			ummary Page	21b 27	22 23 24 28a 28b 28c >	25 26 29 30b			
	y Information copied from such Reports and for commercial purposes, other than using th								
$\rangle$	NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FU	UND							
	Full Name (Last, First, Middle Initial)				Transaction ID: SB29.1369	90			
۹.	Langster for Legislature				Date of Disbursement				
	Mailing Address 2423 Underqwood	St.			0 7 M / D 1 D / Y 2	2006			
	City nashville	State TN	Zip Code 37208		Amount of Each Disbursement				
	Purpose of Disbursement TN House Dist 54 Dem.					200.00			
	Candidate Name Langster for Legislature			Category/ Type					
	Office Sought:  X House Senate President State: TN District: 54	isbursement For:  X Primary Other (spec	2006 General ify) ▼						
	Full Name (Last, First, Middle Initial)				Transaction ID: SB29.1369	\			
3.	The Speaker's Fund				Date of Disbursement				
	Mailing Address PO Box 190452				07	2006			
	City Nashville	State TN	Zip Code 37219		Amount of Each Disbursement	nt this Period			
	Purpose of Disbursement fundraiser for state PAC			•		1000.00			
	Candidate Name			Category/ Type					
	Senate President	isbursement For: Primary Other (spec	General ify) ▼						
	State: District:								

SUBTOTAL of Disbursements This Page (optional)	•	1200.00
TOTAL This Period (last page this line number only)	<b>•</b>	2950.00